

**PRIVACY ACT RELEASE FORM**  
**Office of U.S. Senator Lisa Murkowski**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Senator Lisa Murkowski:

I request your assistance in resolving the problem I am having with (agency) \_\_\_\_\_

\_\_\_\_\_.

Give highlights, necessary dates and locations. Attach second sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

*Questions?* Contact us at (907) 271-3735 or by fax at (907) 276-4081.  
510 L Street, Suite 550 Anchorage, AK 99501